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November 4, 2014

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.  
Interim Director

SUBJECT: **EARLY CHILDHOOD OBESITY PREVENTION (FIRST 5 LA) GRANT  
UPDATE** (Board Agenda of September 18, 2012; Item 34)

This is in response to the September 18, 2012 Board motion instructing the Department of Public Health (DPH) to provide annual updates for the First 5 LA Early Childhood Obesity Prevention Initiative (ECOPI). This update covers the second year of the grant (Year 2), spanning July 1, 2013 – June 30, 2014, and includes information on results, data outcomes, and lessons learned for each project goal, as well as next steps to ensure continued progress.

**Background**

DPH was awarded a four-year, \$41.2 million grant from First 5 Los Angeles in 2012, with the goal of reducing the prevalence of overweight and obesity among children 0-5 years of age and their families. ECOPI brings together a broad range of partners to implement community-based public education, skills-building and environmental change to promote physical activity and healthy eating among the nearly one million Los Angeles County children ages 0-5 and their families. Services are being provided in all Service Planning Areas, with priority given to communities that have childhood obesity rates that exceed the County average.

The initiative is being led by the Division of Chronic Disease and Injury Prevention (DCDIP) in collaboration with Maternal, Child and Adolescent Health Programs (MCAH) and includes activities in the following three focus areas:

- Child care settings (Choose Health LA Child Care): DPH is working with contracted partners to improve nutrition and physical activity environments in child care settings through the establishment of policies and targeted practices. The Choose Health LA Child Care training curriculum increases child care providers' knowledge about nutrition and physical activity, focuses on policy development and implementation, and promotes changes in diet and physical activity patterns among children in child care.
- Community interventions (Choose Health LA Kids): DPH is implementing an intensive public education and skills-building intervention supported by environmental change that expands current efforts to promote healthy eating and physical activity in communities across the County. Key partners in these efforts include community agencies, medical care providers, grocery stores,

and restaurants. Choose Health LA Kids activities leverage other grant-funded efforts, including DPH's Community Transformation Grant.

- **Interconception Care (Choose Health LA Moms):** DPH is addressing overweight and obesity during the interconception period, the time between the end of one pregnancy and the beginning of the next. Resources and individual support will be provided through the Choose Health LA Moms program to new mothers to promote breastfeeding, physical activity, and water consumption. Resources will be incorporated into curricula for use by community-based organizations and health plans, and will be available online and through digital media (texting).

## Goals and Progress

The following section describes the initiative's eight goals, Year 2 results, outcomes, and lessons learned.

**Goal #1: Provide nutrition and physical activity education and resources to families with children 0-5 in at least 20 cities and/or unincorporated communities with childhood obesity rates above the county average through partnerships with the Department of Children and Family Services (DCFS), other County departments and public agencies, and community and faith-based organizations.**

Year 2 Results: DPH executed contracts with 20 community service providers to deliver nutrition and physical activity education and resources to families with children 0-5. A total of 117 communities and cities located across all eight SPAs have been targeted for services. All contractors have completed four trainings provided by DPH staff and have participated in two regional learning forums with fellow contractors. Contractors have completed needs assessments in their targeted communities and are currently recruiting parents for collaboratives that will play a central role in community engagement efforts. Community resource guides were developed using information from the community needs assessments. These guides are being disseminated in the targeted communities. DPH staff is developing a parent nutrition education and skills-building workshop curriculum that will be implemented by the contracted agencies in early 2015.

The partnership with DCFS on the initiative has been formalized with a memorandum of understanding. Trainings were provided in May and June for DCFS social workers and public health nurses on childhood obesity prevention strategies, including information to assist staff in promoting Women, Infants, and Children (WIC) nutrition services and resources with eligible families. Multiple focus groups have been conducted with foster parents and biological parents in the DCFS system to better understand their needs around nutrition and physical activity. DPH staff is also working with DCFS to update their procedural guide to include nutrition and physical activity-based resources for child wellness. DPH staff is working with the Department of Public Social Services (DPSS) to identify strategies to increase enrollment in the CalFresh program among eligible families with young children.

Data Outcomes: Preliminary data from the DCFS public health nurse and social worker trainings demonstrate an increase in knowledge on obesity prevention strategies, resources, and referrals. Focus group findings indicate that many WIC recipients are not aware that they may also be eligible for CalFresh (SNAP-Ed) benefits as a means to increase their access to healthy food. In addition, findings show that while parents are motivated to improve their families' nutrition and levels of physical activity, they need more support and education around developing healthy habits.

Lessons Learned: Biological parents with children in the County foster system tend to be young parents with incomes less than 100% of the Federal Poverty Level. Their nutrition concerns focus on hunger issues rather than healthy eating. This is a vulnerable population for whom traditional modes of nutrition

and physical activity education may not be as relevant and alternative interventions may be needed. Community resource guides are currently being distributed as hard copies among relevant stakeholders. Widespread interest in accessing these guides online has led to strategizing around offering them in various formats. Additional channels of dissemination will be initiated later this year.

**Goal #2: Develop local strategies to reduce unhealthy food and beverage marketing to young children and implement at least one of the recommended strategies countywide or in sub-county regions with childhood obesity rates above the county average.**

Year 2 Results: Change Lab Solutions, a technical assistance contractor, has completed a draft report that provides a legal analysis of potential voluntary and regulatory strategies to reduce unhealthy food and beverage marketing to young children ("Marketing to Children White Paper"). The draft report is currently under review within DPH and with First 5 LA's program, policy, and public affairs departments.

Data Outcomes: None to date. A survey was initiated in October 2014 to assess public knowledge regarding the adverse health effects of food marketing to young children and public opinion regarding potential strategies to address this type of marketing. Data collection and analysis will be completed by April 2015.

Lessons Learned: Pending results of the survey and dissemination of the Marketing to Children White Paper.

**Goal #3: Provide nutrition education and skills-building to parents and other care providers of children ages 0-5 in at least 40 grocery stores or markets, including grocery stores or markets located in at least 20 cities or unincorporated communities with childhood obesity rates above the county average.**

Year 2 Results: As noted above, community contractors have completed trainings, including training on conducting grocery store tours and in-store food demonstrations. Contractors are currently conducting community outreach to recruit grocery store participants. A grocery store brochure used as a resource during tours was developed through collaboration between Choose Health LA Kids and the Nutrition Education and Obesity Prevention Program at DCDIP. Several contractors have begun in-store community education activities.

Data Outcomes: While nutrition education and skills-building opportunities at grocery stores are just beginning, a projected 720 grocery store tours and 960 food demonstrations will be conducted over the course of the grant. Community needs assessments conducted by each of the contracted agencies prior to the implementation of activities have highlighted the need for increased access to healthy foods and beverages and information for parents on selecting healthy options and preparing healthy meals, reinforcing the vital role grocery store tours and food demonstrations play in addressing childhood obesity.

Lessons Learned: Contracted agencies have found that smaller tours (4-5 parents) of grocery stores optimize the learning experience for participants. In addition, it has proven effective to develop relationships with individual grocery store managers who respond well to direct outreach.

**Goal #4: Implement at least three countywide media and targeted social marketing campaigns aimed at families and caregivers of children ages 0-5 that include tailored and culturally appropriate messages promoting specific nutrition and physical activity-related behaviors (e.g. increased fruit and vegetable consumption, reduced sugary beverage consumption and reduced screen time) among children ages 0-5.**

Year 2 Results: A media work order solicitation is under development to support these upcoming campaigns. Outcomes and lessons learned will be shared in the Year 3 report.

**Goal #5: Outreach and extend support to at least 100 restaurants serving families with young children, including restaurants located in at least 20 cities or unincorporated communities with childhood obesity rates above the county average to promote menu changes that expand healthy children's menu options and/or reduce portion size.**

Year 2 Results: A voluntary public recognition program for restaurants (Choose Health LA Restaurants) that provide healthy options for children and reduced portion sizes for adults was launched in September 2013 following a successful press event. Criteria for program participation have been developed for children's meals and include healthier default options for beverages, inclusion of fruits and vegetables as side items, and reduction of fried foods on kid's meal menu options. Over the course of the year, significant outreach was done to recruit restaurants for the program. Technical assistance was provided to restaurants interested in joining the program to assist in the application process and in implementing needed changes in menus and restaurant operations.

Data Outcomes: The launch of the Choose Health LA Restaurant program garnered over one million media impressions throughout the county and beyond. To date, 16 restaurant brands (chains and individually owned restaurants) and over 700 restaurant locations across the county are participating in the program. The program has been recognized nationally, and several local public health departments (Santa Cruz County, California; Clark County, Washington; and Houston, Texas) are currently developing programs modeled after the Choose Health LA Restaurant program.

Lessons Learned: While the program has been well received by restaurant owners and operators, early results indicate that significant resources and technical support are required during the application and enrollment process. Steps have been taken to simplify this process and to identify restaurant operators that are highly motivated to participate in the program. The community contractors have received training on the restaurant program and have been very helpful in identifying potentially interested restaurants.

**Goal #6: Implement obesity prevention protocols for children ages 0-5 that include routine body mass index measurement and tracking, nutrition and physical activity education, and more intensive case management for overweight, obese, or other at-risk children in at least 30 public or community clinic locations in the county.**

Year 2 Results: Background research was conducted to identify clinical guidelines and other best practices in clinics for tracking body mass index in young children and managing those identified as overweight, obese, or otherwise at-risk. Extensive outreach was done to recruit community clinics, prioritizing clinics serving large numbers of children 0-5 from low income communities with high childhood obesity rates. A total of 29 clinic sites were recruited and are currently receiving technical assistance in implementing obesity prevention protocols. Participating clinics have also received community resources guides developed by the 20 contracted agencies that list local breastfeeding, nutrition, and physical activity programs and other resources in their catchment areas for at-risk children and their families.

Data Outcomes: An evaluation is being conducted at three clinic sites to assess the reach and potential impact of the project and results will be shared upon its completion.

Lessons Learned: Each clinic has unique needs and, consequently, technical assistance has needed to be individually tailored to each clinic. Successful implementation of the recommended protocols has required the strong support of clinic leadership (e.g., the medical and nursing directors and lead administrators) and ongoing encouragement of clinic staff. This has necessitated sustained outreach and technical assistance and a focus on incremental change in the clinics.

**Goal #7: Implement protocols to improve nutrition and increase opportunities for physical activity in at least 4,500 licensed and 3,600 licensed-exempt child care providers in the county.**

Year 2 Results: Over 1,500 child care providers (comprising approximately 50% center-based, 40% family child care and 10% license-exempt providers) received training in workshops on how to implement policy, procedures, and practices to promote increased physical activity and improved nutrition in their facilities. Of these, almost 700 providers also received technical assistance (coaching) at their facilities. In addition, over 17,000 child care providers and parents/guardians received nutrition and physical activity information in a newsletter provided in English and Spanish, and over 3,000 parents/guardians were reached through health fairs and other events.

Data Outcomes: Results from pre- and post-test surveys with participating child care providers highlighted the need for the curriculum training. Knowledge of nutrition and physical activity topics, and individual attitudes and readiness to change policies and practices at respective facilities significantly increased from the 'pre' survey at the beginning of the training as compared to the 'post' survey at the end of the training. In addition, the survey results highlighted the need to work closely with family child care providers and home-based 'license-exempt' providers who demonstrated lower knowledge responses at the beginning of the training (as compared to providers at larger day care centers). Results from training and coaching satisfaction surveys showed providers are extremely satisfied with both the training and technical assistance provided.

Lessons Learned: License-exempt providers (many of whom are neighbors and family members watching young children) have been difficult to reach as they do not generally consider themselves child care providers. However, these providers spend significant time with children ages 0-5 and have similar needs to those who are licensed through the state. New strategies are being developed to outreach more effectively to this population, such as through tailoring materials and the training curriculum to better match their needs, as well as greater outreach at health fairs and other community events, since many license-exempt providers are also parents themselves.

**Goal #8: Develop and implement an online weight management toolkit for postpartum women in Los Angeles County; provide in-person and online recorded training to at least 80 community-based agencies that serve postpartum women on how to incorporate the toolkit into their organization; and promote the toolkit through the distribution of printed materials, social media, partner organizations, and an online platform.**

Year 2 Results: The weight management curriculum was focus group tested with 21 women, including assessment of two of the three main curriculum components—breastfeeding and water consumption. Focus group testing will continue through the end of August 2014, including testing of the physical activity curriculum as well as supplemental components focused on contraception and mental health. Almost 50 physician groups, health plans, and other organizations have expressed an interest in participating in the program. In June 2014, Choose Health LA Moms obtained approval from DPH's Information Technology Advisory Board (ITAB) to move forward with the development of the online web-based program for new mothers that will be paired with digital media (texting). An Open House event was held on September 16, 2014 to introduce the program to organizations and agencies around the county. Interim Health Officer Dr. Jeff Gunzenhauser and First 5 Executive Director Kim Belshe were

keynote speakers, and representatives from over 100 local organizations attended the event, which was also covered by First 5 LA in their Monday Morning Report.

Data Outcomes: Focus group testing data demonstrated the need for a targeted weight management program for low income new mothers. Focus group participants were receptive to the draft curriculum in its printed form. Outcomes from the online program are pending implementation of the website and subsequent completion of the evaluation.

Lessons Learned: While focus group testing has been positive, there remains a need to pilot test the curriculum in its web-based format once implemented.

### **Next Steps**

DPH is currently updating an evaluation plan that includes measures and benchmarks for each of the three main components of the initiative (Choose Health LA Kids, Choose Health LA Child Care, and Choose Health LA Moms). This plan will help ensure that all program components achieve their intended impact on increasing the knowledge of parents, improving dietary patterns, increasing the physical activity of young children and reducing childhood and maternal obesity. In addition, DPH is working with First 5 LA to design a collective impact evaluation to assess the impacts of the overall initiative countywide. DPH is currently exploring the possibility of a one-year no-cost extension with First 5 LA to ensure the successful completion of all initiative activities.

If you have any questions or need additional information, please let me know.

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